

State of Colorado
Oil and Gas Conservation Commission

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OGCC RECEPTION

Receive Date:

06/03/2019

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Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines , Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 96850 Contact Person: Vicki Schoeber
Company Name: TEP ROCKY MOUNTAIN LLC Phone: (970) 263-2721
Address: PO BOX 370 Email: vschoeber@terraep.com
City: PARACHUTE State: CO Zip: 81635
Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 335330 Location Type: Production Facilities
Name: FEDERAL Number: PA 23-26
County: GARFIELD
Qtr Qtr: NESW Section: 26 Township: 6S Range: 95W Meridian: 6
Latitude: 39.494323 Longitude: -107.967044

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.494477 Longitude: -107.967600 PDOP: Measurement Date: 12/11/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 335232 Location Type: Well Site [] No Location ID
Name: DOE-66S95W Number: 26SEW
County: GARFIELD
Qtr Qtr: SENW Section: 26 Township: 6S Range: 95W Meridian: 6
Latitude: 39.498429 Longitude: -107.967412

Flowline Start Point Riser

Latitude: 39.498554 Longitude: -107.967369 PDOP: Measurement Date: 12/11/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 12/09/2005
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: _____ Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.494439 Longitude: -107.967593 PDOP: _____ Measurement Date: 12/11/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 335232 Location Type: _____ Well Site No Location ID
Name: DOE-66S95W Number: 26SEW
County: GARFIELD
Qtr Qtr: SEW Section: 26 Township: 6S Range: 95W Meridian: 6
Latitude: 39.498429 Longitude: -107.967412

Flowline Start Point Riser

Latitude: 39.498440 Longitude -107.967420 PDOP: _____ Measurement Date: 12/11/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: Native Materials Date Construction Completed: 12/09/2005
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: _____ Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 39.494451 Longitude: -107.967596 PDOP: _____ Measurement Date: 12/11/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 335232 Location Type: _____ Well Site No Location ID
Name: DOE-66S95W Number: 26SEW
County: GARFIELD
Qtr Qtr: SEW Section: 26 Township: 6S Range: 95W Meridian: 6
Latitude: 39.498429 Longitude: -107.967412

Flowline Start Point Riser

Latitude: 39.498473 Longitude -107.967404 PDOP: _____ Measurement Date: 12/11/2018

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000

Bedding Material: Native Materials Date Construction Completed: 12/09/2005

Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____

Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

This registration is for 3 wellhead lines from the DOE 1-W-26 pad to the separators on the PA 23-26 pad. OF_PA23-26PF - 9076 System ID OF_DOE1-W-26_PA21-26 - 90105 Flowline ID OF_DOE1-W-26_PA22-26 - 90106 Flowline ID OF_DOE1-W-26_PA322-26 - 90107 Flowline ID The in service date and construction completion date are estimated based on limited information currently available.
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I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 06/03/2019 Email: vschoeber@terraep.com

Print Name: Vicki Schoeber Title: Regulatory Specialist

Based on the information provided herein, this Flowline Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
402056928	LAYOUT DRAWING-ACTUAL
402056930	OFF-LOCATION FLOWLINE GEODATABASE GDB

Total Attach: 2 Files